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TELEPHONE 202-682-4727

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*** **FACSIMILE TRANSMISSION COVER SHEET** ***

DATE: September 27, 2002

E.D.T. (U.S.A.)

TO:

FAX NO.: 703-746-9032

Name: Examiner Sabrina Dagostino, Art Unit 3743
U. S. PTO

FROM:

FAX NO.: 301-754-6495

Name: Donald E. Townsend
TOWNSEND & BANTA
1225 Eye Street, N.W., Suite 500
Washington, D.C. 20005

TOTAL NUMBER OF SHEETS INCLUDING THIS PAGE: 5

Comments: As per our discussion today, I am forwarding in Serial No. 09/701,588 the restriction requirement, transmittal, and filing receipt dated August 5, 2002. Thank you.

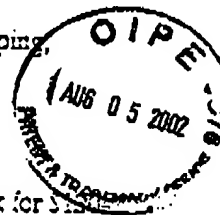
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Serial # 09/701,558Filed: 12-5-00Inventor: D. H. S. et alDocket No. MUR 024-USA-PCOMMISSIONER OF PATENTS & TRADEMARKS
BOX: _____Please acknowledge receipt of the following items by date stamping,
and returning this card to us.

- | | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Transmittal in duplicate |
| <input checked="" type="checkbox"/> | Response to Restriction Requirement |
| <input checked="" type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Transmittal of Missing Parts & PTO 1533 & Dec/POA & check for \$15 |
| <input type="checkbox"/> | Assignment, Cover Sheet & Check for \$40 |
| <input type="checkbox"/> | Transmittal and Certified Copy of priority application |
| <input type="checkbox"/> | Information Disclosure Statement, PTOL 1449 and references |
| <input checked="" type="checkbox"/> | Extension of time & check for \$ <u>400.00</u> |
| <input type="checkbox"/> | Transmittal and Formal Drawings |
| <input type="checkbox"/> | Check for \$ _____ |
| <input type="checkbox"/> | Transmittal of Issue Fee (duplicate), PTOL 85B, check for \$ _____ |
| <input type="checkbox"/> | Other: _____ |



Thank you,

TOWNSEND & BANTA

IN RE THE APPLICATION OF: N. Higo, et al.

SERIAL NO.: 09/701,558

GROUP: 3743

FILED: December 5, 2000

EXAMINER: S. Dagositino

TITLE: Iontophoresis Device Structure And Method For Detecting
Physiological SubstancesTHE COMMISSIONER OF PATENTS
AND TRADEMARKS
WASHINGTON, D.C. 20231

SIR:

TRANSMITTED HERewith IS AN [X] RESPONSE TO RESTRICTION REQUIREMENT, [] REPLY, [] AMENDMENT AFTER FINAL REJECTION IN THE ABOVE-IDENTIFIED APPLICATION.

[] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a verified statement previously submitted.

[] A verified statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

[X] No additional fee is required.

THE FEE HAS BEEN CALCULATED AS SHOWN BELOW:

CLAIMS	REMAINING AFTER AMENDMENT		HIGH.# PREV. PAID FOR	PRESENT EXTRA	SMALL ENTITY RATE ADD'L FEE	OTHER THAN A SMALL ENTITY RATE ADD'L FEE
TOTAL	15	MINUS	20	= 0	X9=\$	X18=\$0
INDEP.	4	MINUS	4	= 0	X42=\$	X84=\$0

[] FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		+140=\$	+280=\$
	TOTAL ADD'L FEE		-0-

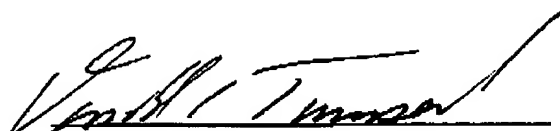
[X] The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 20-1424. A duplicate copy of this sheet is attached.

- X Any additional filing fees under 37 C.F.R. 1.16 for the presentation of extra claims.
X Any patent application processing fees under 37 C.F.R. 1.17.
X Any extensions of time under 37 C.F.R. 1.17.

[] Please charge my deposit account No. 20-1424 in the amount of \$

[] A check in the amount \$ -0- is attached.

Date: August 5, 2002


 Donald E. Townsend
 Attorney of Record
 Registration No. 22,069
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